

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or District Number.

107 134,591

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.18(a))	33	
TOTAL CLAIMS (37 CFR 1.18(c))	33 minus 20 =	13
INDEPENDENT CLAIMS (37 CFR 1.18(b))	2 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))		

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

	RATE	FEE
OR	Per 1c	\$ 7.00
OR	x 18 =	3.04
OR	x 86 =	1
OR	290	1
OR	TOTAL	\$10.04

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OF

OTHER THAN
SMALL ENTITY

AMENDMENT A	8/17/16	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	33	Minus	33	
	Independent (37 CFR 1.16(b))	2	Minus	3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

	RATE	ADDITIONAL FEE
OR	X \$ <u> </u> =	
OR	X \$ <u> </u> =	
OR	+ \$ <u> </u> =	
OR	TOTAL ADDITIONAL FEE	

1-12-07		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(e))	31	Minus 33	= 2
	Independent (37 CFR 1.16(d))	2	Minus 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL ADD'L FEE	

OR	X \$ _____ =	ADDITIONAL FEE
OR	X \$ _____ =	
OR	+ \$ _____ =	
OR	TOTAL ADDFL FEE	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))	*	Minus	**	=	
Independent (37 CFR 1.16(b))	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16 (d))					

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL = DOLLARS	

	RATE	ADDITIONAL FEE
OR	X \$ _____ =	
OR	X \$ _____ =	
DP	+ \$ _____ =	
OR	TOTAL	ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write 0 in column 3

** If the Highest Number Previously Filled For III THIS SPACE is less than 20, enter 20

*** If the Highest Number Previously Paid For in THIS SPACE is less than 3, enter 3.

The Highest Number Freeload, Fard For 'Total' - The dependent is the highest number found in the appropriate Location.

[illegible]